

STATE USE ONLY

IV. DISCHARGE INFORMATION

Flow volume (GPD):	Description of discharge and constituents:
Flow rate (GPM):	
Frequency & duration of discharge:	
<p>A. Source of discharges (check all that apply) and attach a diagram of water flow through this facility:</p> <ol style="list-style-type: none"> <input type="checkbox"/> Groundwater extraction and treatment for cleanup <input type="checkbox"/> Aquifer pump test <input type="checkbox"/> Dual-phase extraction test, or other extraction pilot test <input type="checkbox"/> Underground storage tank, or contaminated soils excavation dewatering <input type="checkbox"/> Other (describe below) <p>Describe:</p>	
<p>B. Discharge location:</p> <p>Address:</p>	
Township/Range/Section: T_____, R_____, Sec._____, _____ B&M	Latitude_____ Longitude_____
<p>Attach a map showing the discharge site, receiving waters, other nearby surface waters, nearby wells & residences, treatment system, etc.</p>	

V. RECEIVING WATER INFORMATION

<p>A. Does your facility discharge to (Check one):</p> <ol style="list-style-type: none"> <input type="checkbox"/> Storm drain system – Include written permission and list owner's name: _____ <input type="checkbox"/> Directly to waters of U.S. (e.g., river, lake, creek, ocean) <input type="checkbox"/> Indirectly to waters of U.S.
<p>B. Name of closest receiving water:</p>

VI. LAND DISPOSAL/RECLAMATION

<p>The Water Quality Control Plan encourages reuse/reclamation or land disposal of wastewater where practical. You must evaluate and rule out this alternative prior to any discharge to surface water under this General Permit.</p> <p>Is land disposal/reclamation feasible? Yes_____ No_____ (explain on separate sheet)</p>

VII. FEES

<p>A check payable to the State Water Resources Control Board in the amount appropriate for a discharge must be submitted. Applicants should contact the Water Board for the current fee.</p>

VIII. CERTIFICATIONS

<p>"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the permit and the Monitoring Program, will be complied with.</p> <p>Printed Name:_____ Title:_____</p> <p>Signature:_____ Date:_____</p>
